



## Youth Tobacco Education Post-program Survey

The information on this form is being collected to check whether the activity you participated in is helpful and effective for most people. The information you give us will help to plan and provide better programs, so please answer the questions thoughtfully. The information you provide is voluntary – you can skip any questions you don't want to answer, and you can stop at any time.

You were asked to fill in this form before you started, and now, again, after you finished. Your name and birth date will **not** be connected to the answers you give on these forms. Please be sure to tear off the bottom part of this page **before** you hand back the filled out form. This will ensure that nobody knows which survey is yours.

### Tell Us About Yourself

Official Test Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

What City do you live in? \_\_\_\_\_

What County do you live in? \_\_\_\_\_

What is your Zip Code? \_\_\_\_\_

What school do you go to? \_\_\_\_\_

*Fold and tear at the dotted line below to remove the bottom section, which you should destroy. Be sure you have put the correct numbers and letters in the boxes. The top section should stay attached to the survey and given to your instructor.*

### Name Code:

	Number		Number		Number		Number		Number		
<hr/>											
		Birth Date									
		Month		Day		Year				Male / Female	
First Name				MI	Last Name						



1. **Do you think that you will try a cigarette soon?**
  - A. I have already tried smoking a cigarette
  - B. Yes
  - C. No
2. **Do you think that you will smoke a cigarette anytime during the next year?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
3. **If one of your best friends offered you a cigarette, would you smoke it?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
4. **Do you think that smoking cigarettes makes people your age look cool or fit in?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
5. **Do you think that people your age risk harming themselves if they smoke from 1-5 cigarettes per day?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
6. **Do you think that smoke from other people's cigarettes (secondhand smoke) is harmful to you?**
  - A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No



The last questions ask you about the class or program you just participated in.

7. **What did you learn about in this class?** (Circle as many as you want)
- A. Harmful effects from smoking
  - B. Harmful effects from smokeless tobacco
  - C. How to quit using tobacco
  - D. Health effects from secondhand smoke
  - E. Facts about how many people my age use tobacco
  - F. How the tobacco industry targets people my age with advertising
  - G. How much money it costs to use tobacco
  - H. Ways to say “no” to tobacco
  - I. What happens when you get addicted to nicotine/tobacco
8. **Did this class give you good reasons not to smoke or use tobacco?**
- A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
9. **Was the information you got in this class believable?**
- A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
10. **Would you tell your friends that this was a good class?**
- A. Definitely Yes
  - B. Probably Yes
  - C. Probably No
  - D. Definitely No
11. **What was the most helpful or interesting part of this class?**
12. **What was the least helpful or interesting part of this class?**
13. **What should we do to improve this class?**

***THANK YOU FOR TAKING THIS SURVEY!***